## L15000171291

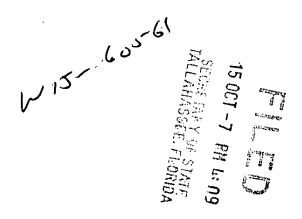
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		LLC.

Office Use Only



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## **COVER LETTER**

	Registration Section Division of Corporations
orin inc	Good Time Charlie LLC
SUBJEC.	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Stephen Sclafani
	Name of Person
	Good Time Charlie LLC
	Firm/Company
	997 South Palafox Street (2nd Floor)
	Address
	Pensacola, FL 32502
	City/State and Zip Code scubastephen500@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Stephen Sclafani 727 641-4572
	Name of Person Area Code Daytime Telephone Number
	is a check for the following amount:  Filing Fee \$\frac{130.00}{\text{Certificate of Status}}\$155.00 Filing Fee \$\frac{160.00}{\text{Certificate of Status}}\$\$  Certificate of Status \$\frac{1}{\text{Certified Copy}}\$\$  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)
	Mailing Address  New Filing Section  New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 15, 2015

STEPHEN SCLAFANI 997 SOUTH PALAFOX STREET (2ND FLOOR) PENSACOLA, FL 32502

SUBJECT: GOOD TIME CHARLIE LLC

Ref. Number: W15000060561

We have received your document for GOOD TIME CHARLIE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 215A00019416

9/15/25

CORPORATE DETAIL RECORD SCREEN

11:49 AM

NUM: P07000126735 ST:FL ACTIVE/FL PROFIT

FLD: 11/27/2007

LAST: REINSTATEMENT

FLD: 02/26/2015

FEI#: 36-1495813

NAME

: GOODTIME CHARLIE'S, INC.

PRINCIPAL: 4030 W. WATERS AVE

ADDRESS

TAMPA, FL 33614

RA NAME : DIAZ, JOSEPH L

RA ADDR : 2522 WEST KENNEDY BOULEVARD

TAMPA, FL 33609 US

ANN REP : (2013) W 03/31/13 (2014) W 02/26/15 (2015) W 02/26/15

9/15/15

OFFICER/DIRECTOR DETAIL SCREEN

11:49 AM

CORP NUMBER: P07000126735 CORP NAME: GOODTIME CHARLIE'S, INC.

TITLE: D

NAME: HOWELL, MARTHA J 4030 W. WATERS AVE

TAMPA, FL 33614

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

Good Time Charlie C (Must end v	with the words "Limited l	Liability Company	, "L.L.C.," or "LLC.")			
RTICLE II - Address: he mailing address and street ad	Idress of the principal of	fice of the Limited	Liability Company is:			
<u>Principa</u>	al Office Address:		Mailing Address:			
997 South Palafox Str Pensacola, FL 32502			South Palafox Street (2nd Floor) acola, FL 32502			
RTICLE III - Registered Age	nt, Registered Office, &	Registered Ager	t's Signature:			
RTICLE III - Registered Age The Limited Liability Company other business entity with an a	nt, Registered Office, & cannot serve as its own F ctive Florida registration	k Registered Ager Registered Agent. '	,	LIALLAHASS	15 0CT -7	
RTICLE III - Registered Age The Limited Liability Company other business entity with an a	nt, Registered Office, & cannot serve as its own Fetive Florida registration address of the registered a	k Registered Ager Registered Agent. '	t's Signature: You must designate an individual or	BISSMINITAL	0CT - <b>7</b>	100 100 100 100 100 100 100 100 100 100
RTICLE III - Registered Age The Limited Liability Company other business entity with an a	nt, Registered Office, & cannot serve as its own Fetive Florida registration address of the registered a	Registered Agent. 'Capacitan Registered Agent.' Registered Agent. 'Capacitan Registered	t's Signature: You must designate an individual or	BISSMINITAL	0CT -7 PM	Marker Taxab
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RTICLE III - Registered Age	nt, Registered Office, & cannot serve as its own Fetive Florida registration address of the registered a Stephen Sclafani  997 South Palafox Street	Registered Ager Registered Agent. ' .) agent are: Name	t's Signature: You must designate an individual or	PESSEMBY O	0CT -7 PM	100 100 100 100 100 100 100 100 100 100

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:		Name and Address:
	uthorized Member	
"MGR" = Ma	nager	
AMBR		Stephen Sclafani
		997 South Palafox Street (2nd Floor)
		Pensacola, FL 32502
		-
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Page 2 of 2